AIMS A No Response Request

"[School District]"

School Name _____

Teacher's Name _____

Student's Name _____

SAIS ID _____

Disability Category _____

This form is for student's that can NOT make multiple choice responses on a computer, independently, with the use of assistive technology, nor with the teacher inputting the student's response. Please complete this form with as much detail as possible and submit it to Jennifer.Fogus@azed.gov.

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1. Describe the student's day to day functionality. What are the reasons that this student cannot indicate responses to test items?

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2. Describe the student's instructional setting (s) in detail. What does a typical school day look like for this student?